

# EXHIBIT “G”

A. LICANT INFORMATION SECTION				DATE (MM/DD/YYYY) 10/15/2008				
<b>AGENCY</b> White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis		<b>CARRIER</b> Harleysville Mutual		<b>UNDERWRITER</b> UNDERWRITER OFF.				
		<b>HAIC CODE:</b> POLICIES OR PROGRAM REQUESTED		<b>POLICY NUMBER</b> APP				
<b>PHONE</b> (A/C No. Ext.) 828-669-7912 <b>FAX</b> (A/C No.) 828-669-2316 <b>E-MAIL ADDRESS:</b> CODE: 329597 SUB CODE: AGENCY CUSTOMER ID: RICHM-3		<b>PACKAGE</b> INDICATE SECTIONS ATTACHED <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER				
				<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA				
<b>STATUS OF TRANSACTION</b>								
<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME CANCEL 10/19/08 01 AM		<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.						
		<b>PROPOSED EFF DATE</b> 10/19/08		<b>PROPOSED EXP DATE</b> 10/19/09				
		<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		<b>PAYMENT PLAN</b> AUDIT				
<b>APPLICANT INFORMATION</b>								
<b>NAME (First Named Insured &amp; Other Named Insureds)</b> The Hammocks, LLC dba Richmond Hill Inn			<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b> Dr. William Gray 87 Richmond Hill Drive Asheville, NC 28806-3912					
<b>FEIN OR SOC SEC #</b> (of First Named Insured): 01-0713685 <b>PHONE</b> (A/C No. Ext.) 828-252-7313 <b>E-MAIL ADDRESS(ES):</b> financial@richmondhillinn.com			<b>WEBSITE ADDRESS(ES):</b> www.richmondhillinn.com					
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE		<input checked="" type="checkbox"/> SUBCHAPTER 'S' CORPORATION NOT FOR PROFIT ORG				
		<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS		<b>CR BUREAU NAME</b> ID NUMBER DATE BUS STARTED				
<b>INSPECTION CONTACT:</b> Sarah McCulloch <b>PHONE</b> (A/C No. Ext.) 828-252-3912 <b>E-MAIL ADDRESS:</b> financial@richmondhillinn.com			<b>ACCOUNTING RECORDS CONTACT:</b> Sarah McCulloch <b>PHONE</b> (A/C No. Ext.) 828-252-3912 <b>E-MAIL ADDRESS:</b> financial@richmondhillinn.com					
<b>PREMISES INFORMATION</b>								
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	87 Richmond Hill Drive Asheville NC 28806 Buncombe	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1889	45	3,000,000	100
1	2	87 Richmond Hill Drive Asheville NC 28806 Buncombe	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	1986	45	3,000,000	100
<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b>								
1	1	Inn, Restaurants, Gardens - Resort - 4Diamond Property						
<b>GENERAL INFORMATION</b>								
<b>EXPLAIN ALL "YES" RESPONSES</b>								
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			YES	NO	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<input checked="" type="checkbox"/>				
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<input checked="" type="checkbox"/>				
4. ANY CATASTROPHE EXPOSURE?				<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?				<input checked="" type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)				<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE HEARINGS?				<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 615 for Liability Exposure and/or ACORD 616 for Property Exposure)			
<b>REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)</b>								
<b>BUSINESS TYPE OTHER DESCRIPTION</b>								
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)								
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.								
<b>APPLICANT'S SIGNATURE</b> Sarah M. McCulloch			<b>DATE</b> 10-15-2008			<b>PRODUCER'S SIGNATURE</b> Cheryl K. Reavis		<b>NATIONAL PRODUCER NUMBER</b>
ACORD 126 (2005/06) PLEASE COMPLETE REVERSE SIDE © ACORD CORPORATION 1993-2005								

RICHM-3

OP ID: C2

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	GENERAL AGGREGATE	PRODUCTS COMP OP AGGREGATE	PERSONAL & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	BODILY INJURY	PROPERTY DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM
GENERAL LIABILITY		Penn Manuf Assn	300700-71-00-74			10/09/07	2,000,000	2,000,000	1,000,000	1,000,000	100,000	5,000					
AUTOMOBILITY		Yes-will follow		BAP		10/19/07											
PROPERTY		Lloyds	BCM27660	PROP FORM		10/19/07											
	Lloyds	BCM27559	PROP EXCES		10/19/07												

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)							CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
		07-08 ordered				OPEN CLSD		

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY  
SEE ATTACHED REMARKS OVERFLOW

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD 126 (2006/06)

LOC # 1 BUILDING # 3		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
STREET, CITY, COUNTY, STATE, ZIP CODE									
87 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 1 BUILDING # 4									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
87 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 1 BUILDING # 5									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
87 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 1 BUILDING # 6									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
87 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 1 BUILDING # 7									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
87 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1992	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 2 BUILDING # 1									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
88 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # 3 BUILDING # 1									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
88 Richmond Hill Drive		<input checked="" type="checkbox"/>	INSIDE	<input checked="" type="checkbox"/>	OWNER	1985	45	3,000,000	100
Asheville NC 28806		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
Buncombe									
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
LOC # BUILDING #									
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS		INTEREST		YR BUILT	EMPLOYEES	ANNUAL REVENUES	OCCUPIED
		<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER				
		<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT				
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS									
APPLIED 125API (2005/06)									

REMARKS

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OF 1

This is an excellent property and account. I lost the package last year due to the company prior not willing to reduce the values to reflect what the owner perceived to be the correct replacement cost. Review this with the producer, Cheryl Reavis #828-712-5007



# COMMERCIAL GENERAL LIABILITY SECTION

OP ID: C2

DATE (MM/DD/YYYY)  
9/11/2008

AGENCY White Insurance Agency, Inc. P.O. Box 1310 Black Mountain, NC 28711	PHONE (A/C, No, Ext): 828-669-7912 FAX (A/C, No): 828-669-2315	APPLICANT Richmond Hill Inn/The Hammocks (First Named Insured)
CODE: AGENCY CUSTOMER ID: RICHM-3	SUB CODE:	FOR COMPANY USE ONLY
EFFECTIVE DATE 10/19/08	EXPIRATION DATE 10/19/09	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
		PAYMENT PLAN
		AUDIT

## COVERAGES

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE
<input checked="" type="checkbox"/> EBL
DEDUCTIBLES
<input type="checkbox"/> PROPERTY DAMAGE \$
<input type="checkbox"/> BODILY INJURY \$
<input type="checkbox"/> \$

## LIMITS

GENERAL AGGREGATE	\$	2,000,000
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000
PERSONAL & ADVERTISING INJURY	\$	1,000,000
EACH OCCURRENCE	\$	1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000
MEDICAL EXPENSE (Any one person)	\$	5,000
EMPLOYEE BENEFITS	\$	1,000,000

PREMIUMS
PREMISES/OPERATIONS
PRODUCTS
OTHER
TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverage attach the applicable state Business Auto Section, ACORD 137)

## SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1 1	Gift Shops	13506	S	69690					
1 1	Hotels & Motels	84607	S	1611960					
1 1	Halls - Other than NFP	84775	A	1500					
1 1	Restaurants-Sales of alcohol bev 30% or more but less than 75% of total ann receipts / without dance floor	84936	S	984750					
2 1	On family dwelling	63010	U	1					
1 1	Liquor Liability	58161	S	363600					
1	Parking Public	46603	S	\$ 100,000					

### RATING AND PREMIUM BASIS

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY  
(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST  
(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT  
(I) OTHER

### CLAIMS MADE (Explain all "Yes" responses)

1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES NO
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

### EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$
2. NUMBER OF EMPLOYEES: 40
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 25
4. RETROACTIVE DATE: 09/10/08

REMARKS

REMARKS

# CONTRACTORS

RICHM-3

OP ID: C2

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

# PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Food/gift shop						

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			X	6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			X
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			X	7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			X
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			X	8. PRODUCTS UNDER LABEL OF OTHERS?			X
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			X	9. VENDORS COVERAGE REQUIRED?			X
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			X	10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?			X

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

# ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					LOCATION:
LOSS PAYEE					BUILDING:
MORTGAGEE					VEHICLE:
LIENHOLDER					BOAT:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
					OTHER

ITEM DESCRIPTION:

# GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			X	12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			X
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			X	13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			X
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			X	14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			X
7. ANY PARKING FACILITIES OWNED/RENTED?		X		18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			X
8. IS A FEE CHARGED FOR PARKING?		X		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			X
9. RECREATION FACILITIES PROVIDED?		X		20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			X
10. IS THERE A SWIMMING POOL ON THE PREMISES?		X					
11. SPORTING OR SOCIAL EVENTS SPONSORED?		X					

REMARKS Please see the website [www.richmondhillinn.com](http://www.richmondhillinn.com). This is an exceptional property and I've worked with them for going on 4 years now. Please let me know if you have questions. ~C Reavis #828-712-5007

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY-SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

ACORD 126 (2004/03)

ATTACH TO APPLICANT INFORMATION SECTION

OP ID: C2

<b>ACORD PROPERTY SECTION</b>							DATE (MM/DD/YYYY) 9/11/2008		
<b>AGENCY</b> PHONE (AC, No. Ext): 828-669-7912 FAX (AC, No.): 828-669-2315 <b>White Insurance Agency, Inc.</b> P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis			<b>APPLICANT</b> Richmond Hill Inn/The Hammocks (First Named Insured)						
<b>CODE:</b> AGENCY CUSTOMER ID: RICHM-3			<b>SUB CODE:</b>		<b>EFFECTIVE DATE</b> 10/19/08 <b>EXPIRATION DATE</b> 10/19/09 <input checked="" type="checkbox"/> <b>DIRECT BILL</b> <b>PAYMENT PLAN</b> <b>AUDIT</b>		<b>FOR COMPANY USE ONLY</b>		
<b>PREMISES INFORMATION</b> <b>PREMISES #:</b> 1 <b>STREET ADDRESS:</b> 87 Richmond Hill Drive Asheville NC 28808 <b>BUILDING #:</b> 1 <b>BLOG DESCRIPTION:</b> Mansion/Rest/Incl. Retaining Wall									
<b>SUBJECT OF INSURANCE</b> BUILDING		<b>AMOUNT</b> 5,089,119		<b>COINS %</b> 90		<b>VALUATION</b> RC		<b>CAUSES OF LOSS</b> SPECIAL	
<b>BLKT BPP</b>		<b>AMOUNT</b> 1,500,000		<b>COINS %</b> 0		<b>VALUATION</b>		<b>CAUSES OF LOSS</b>	
<b>BLKT B/EE</b>		<b>AMOUNT</b>		<b>COINS %</b> 0		<b>VALUATION</b>		<b>CAUSES OF LOSS</b>	
<b>DEDUCTIBLE</b> 6,000		<b>BLKT COV</b>		<b>FORMS AND CONDITIONS TO APPLY</b> AGR AMT ALL BLDGS ALS					
<b>ADDITIONAL INFORMATION</b> <input checked="" type="checkbox"/> <b>BUSINESS INCOME / EXTRA EXPENSE</b> <input type="checkbox"/> <b>BUSINESS INCOME W/O EXTRA EXPENSE</b> <input type="checkbox"/> <b>EXTRA EXPENSE</b>									
<b>TYPE OF BUSINESS</b> <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS		<b>ORDINARY PAYROLL</b> <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS		<b>POWER/HEAT</b> \$ DED    DAYS <b>ELEC MEDIA</b> DAYS    LIMIT <b>ORD OR LAW</b> DAYS		<b>EXT PERIOD</b> DAYS <b>MO PERIOD</b> LIMIT <b>MAX PERIOD</b> DAYS		<b>TUITION FEES</b> \$ STUDENTS    \$ OTHER ED SERV/INC	
<input checked="" type="checkbox"/> <b>OFF PREM POWER</b> <input checked="" type="checkbox"/> <b>POWER</b> <input checked="" type="checkbox"/> <b>WATER</b> <input checked="" type="checkbox"/> <b>CO/WM (DESCR BELOW)</b>		<b>DEPEND PROP</b> % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)							
<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>								<b>EXTRA EXPENSE</b> DAYS PERIOD REST <b>LIMIT LOSS PAY</b> %    %    %    %	
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>									
<b>CONSTRUCTION TYPE</b> FRAME		<b>DISTANCE TO HYDRANT</b> 50 FT <b>FIRE STAT</b> 3 MI		<b>FIRE DISTRICT/CODE NUMBER</b> Asheville/		<b>PROT CL</b> 3 <b># STORIES</b> 3 <b># BASMTS</b> 1 <b>YR BUILT</b> 1889 <b>TOTAL AREA</b> 7,300			
<b>BUILDING IMPROVEMENTS</b> <input checked="" type="checkbox"/> WIRING, YR: 85 <input checked="" type="checkbox"/> PLUMBING, YR: 85 <input checked="" type="checkbox"/> ROOFING, YR: 85 <input checked="" type="checkbox"/> HEATING, YR: 85 OTHER:		<b>BLDG CODE GRADE</b> <b>TAX CODE</b> <b>ROOF TYPE</b> <b>WROD CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		<b>OTHER OCCUPANCIES</b> HEATING BOILER ON PREMISES?    YES    NO IF YES, IS INSURANCE PLACED ELSEWHERE?    YES    NO					
<b>RIGHT EXPOSURE &amp; DISTANCE</b> Other Resort properties		<b>LEFT EXPOSURE &amp; DISTANCE</b> Other Resort properties		<b>REAR EXPOSURE &amp; DISTANCE</b> same					
<b>BURGLAR ALARM TYPE</b> Yes		<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b> <b>GRADE</b>		<b>CENTRAL STATION WITH KEYS</b>	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b> Details to follow if requested						<b># GUARDS/WATCHMEN</b> 2		<input checked="" type="checkbox"/> <b>CLOCK HOURLY</b> <input checked="" type="checkbox"/> <b>24 hr manned</b>	
<b>PREMISES FIRE PROTECTION</b> (Sprinklers, Standpipes, CO2/Chemical Systems) smoke/fire				<b>% SPRINK</b> 100		<b>FIRE ALARM MANUFACTURER</b> Yes		<input checked="" type="checkbox"/> <b>CENTRAL STATION</b> <input type="checkbox"/> <b>LOCAL GONG</b>	
<b>ADDITIONAL INTERESTS</b>									
<b>RANK:</b> <input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORTGAGEE		<b>NAME AND ADDRESS:</b>		<b>REFERENCE #:</b>		<b>CERTIFICATE REQUIRED</b>		<b>INTEREST IN ITEM NUMBER</b> <b>LOCATION:</b> <b>BUILDING:</b> <b>SCHEDULED ITEM NUMBER:</b> <b>OTHER:</b>	
<b>ITEM DESCRIPTION:</b>									
<b>VALUE REPORTING INFORMATION</b>									
<b>REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS</b>				<b>PREMISES BUILDING</b>		<b>ANY OTHER LOCATION DECLARED AT INCEPTION</b>		<b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b>	
<b>SUBJECT OF INSURANCE</b>				<b>PREMISES NOT OWNED OR ACQUIRED UNIT</b>					



<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806					
		BUILDING #: 2		BLDG DESCRIPTION: Guest House					
SUBJECT OF INSURANCE		AMOUNT	CORR %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING		173,732	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1			0						
BLKT B/EE			0						ALS
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> M/WG % CORR: _____		<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		\$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS		DAYS _____ MO PERIOD _____ LIMIT _____ MAX PERIOD _____		\$ _____ STUDENTS \$ _____ OTHER ED SERVANC	
								OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COOL (DESCR BELOW)	
								DEPEND PROP % CORR _____ <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____%	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION									
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT CODE NUMBER		PROT CL		TOTAL AREA	
FRAME		50 FT		3 MI Asheville		3		1,048	
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:		<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?		YES _____ NO _____ IF YES, IS INSURANCE PLACED ELSEWHERE? YES _____ NO _____	
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
other resort properties		BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT	
								GRADE	
BURGLAR ALARM INSTALLED AND SERVICED BY								CENTRAL STATION WITH KEYS	
yes								CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER				24 hr employ	
smoke/fire								CENTRAL STATION	
								LOCAL GONG	
ADDITIONAL INTERESTS									
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER	
INTEREST								LOCATION: BUILDING:	
<input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORTGAGEE								SCHEDULED ITEM NUMBER:	
								OTHER:	
		ITEM DESCRIPTION:							
REMARKS									
Premise 1									
Premise 1									
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)									

RICHM-3 OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1

STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806

BUILDING #: 3

BLDG DESCRIPTION: Guest House

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION ☒ BUSINESS INCOME / EXTRA EXPENSE BUSINESS INCOME W/O EXTRA EXPENSE EXTRA EXPENSE

TYPE OF BUSINESS <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	ORDINARY PAYROLL <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	POWER/HEAT \$ DEC ELEG MEDIA DAYS ORD OR LAW DAYS	EXT PERIOD DAYS MO PERIOD LIMIT MAX PERIOD DAYS	TUITION FEES \$ STUDENTS \$ OTHER ED SERV/INC	OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	DEPEND PROP % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
	NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP					

EXTRA EXPENSE \_\_\_\_\_ DAYS PERIOD REST  
LIMIT LOSS PAY \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE <b>FRAME</b>	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER <b>Asheville/</b>	PROT CL <b>3</b>	# STORIES <b>1</b>	# BASMTS	YR BUILT <b>1991</b>	TOTAL AREA <b>1,248</b>
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	BLOG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
RIGHT EXPOSURE & DISTANCE <b>other resort properties</b>		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE		CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY <b>yes</b>		# GUARDS/WATCHMEN <b>2</b>		CLOCK HOURLY <input checked="" type="checkbox"/> 24 hr employ				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) <b>smoke/fire</b>		% SPRINK	FIRE ALARM MANUFACTURER		<input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG			

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORT- <input type="checkbox"/> GAGEE	(ITEM DESCRIPTION:		LOCATION:	BUILDING:
			SCHEDULED ITEM NUMBER:	OTHER:

**REMARKS**

Premise 1

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OP ID: C2

ADDITIONAL

PREMISES INFORMATION

PREMISES #1

BUILDING #: 6

STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806

BLDG DESCRIPTION: Guest House

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION Y BUSINESS INCOME / EXTRA EXPENSE BUSINESS INCOME W/O EXTRA EXPENSE EXTRA EXPENSE

TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COINS	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	\$ DED ELEC MEDIA ORD OR LAW DAYS	DAYS MO PERIOD LIMIT MAX PERIOD	\$ STUDENTS \$ OTHER ED SERV/NC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	% COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE DAYS PERIOD REST  
LIMIT LOSS PAY % % % %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME	50 FT	3 MI	Asheville/	3	1		1991	1,248

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO YES NO

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

other resort properties

BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE EXTENT GRADE CENTRAL STATION WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY

yes # GUARDS/WATCHMEN 2 X 24 hr employ

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) smoke/fire

% SPRINK FIRE ALARM MANUFACTURER X CENTRAL STATION LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE				LOCATION: BUILDING: SCHEDULED ITEM NUMBER: OTHER:
	ITEM DESCRIPTION:			

REMARKS

Premise 1

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APPLIED 140SCHD (2002/09)

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OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1  
BUILDING #: 6

STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806

BLDG DESCRIPTION: Guest House

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/H		0						
BLKT B/EE		0						ALS

**ADDITIONAL INFORMATION**

Y

BUSINESS INCOME / EXTRA EXPENSE

BUSINESS INCOME W/O EXTRA EXPENSE

EXTRA EXPENSE

TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MFGG % COINS	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	\$ DED ELEC MEDIA DAYS ORD OR LAW DAYS	DAYS NO PERIOD LIMIT MAX PERIOD	\$ STUDENTS \$ OTHER ED SERVING	POWER WATER COAL (DESCR BELOW)	% COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA  
EXPENSE DAYS PERIOD REST  
LIMIT LOSS PAY

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>CONSTRUCTION TYPE</b> FRAME		<b>DISTANCE TO HYDRANT</b> 50 FT		<b>FIRE DISTRICT CODE NUMBER</b> Asheville/		<b>PROT CL</b> 3	<b># STORIES</b> 1	<b># BASMTS</b>	<b>YR BUILT</b> 1991	<b>TOTAL AREA</b> 1,248
<b>BUILDING IMPROVEMENTS</b>		<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>				
WIRING, YR:		PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?				
ROOFING, YR:		HEATING, YR:		RESISTIVE SEM-RESISTIVE OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?				
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE						
other resort properties		BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE
BURGLAR ALARM INSTALLED AND SERVED BY		YES		PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER		# GUARDS/WATCHMEN
smoke/fire		X		X		X		X		24 hr employ
										CENTRAL STATION
										WITH KEYS
										CLOCK HOURLY
										CENTRAL STATION
										LOCAL CONC

**ADDITIONAL INTERESTS**

<b>RANK:</b>	<b>NAME AND ADDRESS:</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST ITEM NUMBER</b>
<b>INTEREST</b>				
LOSS PAYEE				LOCATION:
MORTGAGEE				BUILDING:
				SCHEDULED ITEM NUMBER:
				OTHER:
	<b>ITEM DESCRIPTION:</b>			

**REMARKS**

Premise 1

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**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #: **7** STREET ADDRESS: **87 Richmond Hill Drive Asheville NC 28806**  
BUILDING #: **7** BLDG DESCRIPTION: **Carriage House/Offices**

SUBJECT OF INSURANCE	AMOUNT	CORR %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	747,400	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION		Y		BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTORIAL FEES	
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MANING _____ % COINS		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____		\$ _____ DED ELEC MEDIA DAYS ORD OR LAW DAYS		DAYS NO PERIOD LIMIT MAX PERIOD		\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	
								OFF PREM POWER <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	
								DEPEND PROP _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____% _____% _____% _____%	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATIRG INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STATION		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORES		# BASMTS		YR BUILT		TOTAL AREA	
FRAME		50 ft		3 mi		Asheville/		3		2		1		1992		4,200	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER:				<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:				WIND CLASS		HEATING BOILER ON PREMISES?							
								<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?							
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE									
other resort properties																	
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE				EXTENT		GRADE		CENTRAL STATION	
																WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY												# GUARDS/WATCHMEN		CLOCK HOURLY			
yes												2		X		24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRINK				FIRE ALARM MANUFACTURER						X		CENTRAL STATION	
smoke/fire																LOCAL GONG	

**ADDITIONAL INTERESTS**

RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER	
INTEREST								LOCATION: BUILDING:	
<input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORTGAGEE								SCHEDULED ITEM NUMBER:	
								OTHER:	
		ITEM DESCRIPTION:							

**REMARKS**

Premise 1

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APPLIED 140SCHED (2002/09)

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RICHM-3

OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #2 STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806  
BUILDING #: 1 BLDG DESCRIPTION: One Family Dwelling

SUBJECT OF INSURANCE	AMOUNT	COIS%	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BUR COV	FORMS AND CONDITIONS TO APPLY
BUILDING	338,000	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

**ADDITIONAL INFORMATION**

Y

**BUSINESS INCOME / EXTRA EXPENSE**

**BUSINESS INCOME W/O EXTRA EXPENSE**

**EXTRA EXPENSE**

<b>TYPE OF BUSINESS</b> <input checked="" type="checkbox"/> NONMFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COVS	<b>ORDINARY PAYROLL</b> <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$ _____	<b>POWER/HEAT</b> \$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERVING	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COUM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
--	--	---	---	---	--	---

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

EXTRA EXPENSE \_\_\_\_\_ DAYS PERIOD REST  
LIMIT LOSS PAY \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>CONSTRUCTION TYPE</b> FRAME	<b>DISTANCE TO HYDRANT</b> 100 FT	<b>FIRE STAT</b> 3 MI	<b>FIRE DISTRICT/CODE NUMBER</b> Asheville/	<b>PROT CL</b> 3	<b># STORIES</b> 1	<b># BASMT'S</b> 1	<b>YR BUILT</b> 1988	<b>TOTAL AREA</b> 2,000
<b>BUILDING IMPROVEMENTS</b> WIRING, YR: _____ PLUMBING, YR: _____ ROOFING, YR: _____ HEATING, YR: _____ OTHER: _____		<b>BLDG CODE GRADE</b> _____ <b>TAX CODE</b> _____ <b>ROOF TYPE</b> _____	<b>OTHER OCCUPANCIES</b> _____ <b>WIND CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER <b>HEATING BOILER ON PREMISES?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>IF YES, IS INSURANCE PLACED ELSEWHERE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>RIGHT EXPOSURE &amp; DISTANCE</b> dwelling		<b>LEFT EXPOSURE &amp; DISTANCE</b> dwelling		<b>REAR EXPOSURE &amp; DISTANCE</b> _____				
<b>BURGLAR ALARM TYPE</b> _____		<b>CERTIFICATE #</b> _____		<b>EXPIRATION DATE</b> _____		<b>EXTENT</b> _____	<b>GRADE</b> _____	<b>CENTRAL STATION</b> WITH KEYS CLOCK HOURLY _____
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b> _____				<b># GUARDS/WATCHMEN</b> 0		<b>CENTRAL STATION</b> LOCAL ONLY		
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b> smoke				<b>% SPRINK</b> _____	<b>FIRE ALARM MANUFACTURER</b> _____			

**ADDITIONAL INTERESTS**

<b>RAV#:</b>	<b>NAME AND ADDRESS:</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST &amp; ITEM NUMBER</b>
<b>INTEREST</b>				<b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>SCHEDULED ITEM NUMBER:</b> _____ <b>OTHER:</b> _____
<input type="checkbox"/> LOSS <input type="checkbox"/> PAYEE <input type="checkbox"/> MORTGAGEE	<b>ITEM DESCRIPTION:</b> _____			

**REMARKS**

Premise 2

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (BY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHED (2002/09)



RICHM-3

OP ID: C2

<b>ADDITIONAL PREMISES INFORMATION</b>		<b>PREMISES #3</b>		<b>STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806</b>				
		<b>BUILDING #: 1</b>		<b>BLOG DESCRIPTION: One Family Dwelling</b>				
<b>SUBJECT OF INSURANCE</b>	<b>AMOUNT</b>	<b>COINS %</b>	<b>VALUATION</b>	<b>CAUSES OF LOSS</b>	<b>INFLATION GUARD %</b>	<b>DEDUCTIBLE</b>	<b>BLKT COV</b>	<b>FORMS AND CONDITIONS TO APPLY</b>
<b>BUILDING</b>	<b>338,000</b>	<b>90</b>	<b>R</b>	<b>SPECIAL</b>		<b>5,000</b>		<b>AGR AMT</b>
<b>BLKT BPP 1/1</b>		<b>0</b>						
<b>BLKT BI/EE</b>		<b>0</b>						<b>ALS</b>
<b>ADDITIONAL INFORMATION</b>		<b>Y</b>		<b>BUSINESS INCOME / EXTRA EXPENSE</b>		<b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<b>EXTRA EXPENSE</b>
<b>TYPE OF BUSINESS</b>	<b>ORDINARY PAYROLL</b>	<b>POWER/HEAT</b>	<b>EXT PERIOD</b>	<b>TUTION FEES</b>	<b>OFF PREM POWER</b>		<b>DEPEND PROP</b>	
<input checked="" type="checkbox"/> <b>NON MFG</b>	<input checked="" type="checkbox"/> <b>EXCL</b> <input type="checkbox"/> <b>INCL</b>	<b>\$</b> <b>DEO</b>	<b>DAYS</b>	<b>\$</b> <b>STUDENTS</b>	<input type="checkbox"/> <b>POWER</b>		<input type="checkbox"/> <b>% COIN</b>	
<input type="checkbox"/> <b>MFG</b>	<input type="checkbox"/> <b>90 DAYS</b>	<b>ELEC MEDIA</b>	<b>MO PERIOD</b>	<b>\$</b> <b>OTHER ED SERVING</b>	<input type="checkbox"/> <b>WATER</b>		<input type="checkbox"/> <b>CONT LOC</b>	
<input type="checkbox"/> <b>MINING</b>	<input type="checkbox"/> <b>180 DAYS</b>	<b>DAYS</b>	<b>LIMIT</b>		<input type="checkbox"/> <b>COIN (DESCR BELOW)</b>		<input type="checkbox"/> <b>REC LOC</b>	
<b>% COINS</b>	<b>\$</b>	<b>ORD OR LAW</b>	<b>MAX PERIOD</b>				<input type="checkbox"/> <b>MFG LOC</b>	
		<b>DAYS</b>					<input type="checkbox"/> <b>LDR LOC (DESCR BELOW)</b>	
<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>							<b>EXTRA EXPENSE</b> <b>DAYS PERIOD REST</b>	
							<b>LIMIT LOSS PAY</b>	
							<b>% % % %</b>	
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>								
<b>CONSTRUCTION TYPE</b>	<b>DISTANCE TO HYDRANT</b>	<b>FIRE STAT</b>	<b>FIRE DISTRICT/CODE NUMBER</b>		<b>PROT CL</b>	<b># STORIES</b>	<b># BASMT'S</b>	<b>YR BUILT</b>
<b>FRAME</b>	<b>100 FT</b>	<b>3 MI</b>	<b>Asheville/</b>		<b>3</b>	<b>1</b>	<b>1</b>	<b>1988</b>
<b>BUILDING IMPROVEMENTS</b>		<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>	<b>OTHER OCCUPANCIES</b>			
<input type="checkbox"/> <b>WIRING, YR:</b>	<input type="checkbox"/> <b>PLUMBING, YR:</b>	<b>WIND CLASS</b>			<b>HEATING BOILER ON PREMISES?</b>			
<input type="checkbox"/> <b>ROOFING, YR:</b>	<input type="checkbox"/> <b>HEATING, YR:</b>	<b>RESISTIVE</b> <input type="checkbox"/> <b>SEMI-RESISTIVE</b> <input type="checkbox"/> <b>OTHER</b>			<b>IF YES, IS INSURANCE PLACED ELSEWHERE?</b>			
<input type="checkbox"/> <b>OTHER:</b>					<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
<b>RIGHT EXPOSURE &amp; DISTANCE</b>		<b>LEFT EXPOSURE &amp; DISTANCE</b>		<b>REAR EXPOSURE &amp; DISTANCE</b>				
<b>dwelling</b>		<b>dwelling</b>						
<b>BURGLAR ALARM TYPE</b>		<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	<b>CENTRAL STATION</b>	
							<b>WITH KEYS</b>	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>					<b># GUARDS/WATCHMEN</b>	<b>CLOCK HOURLY</b>		
					<b>0</b>			
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b>				<b>% SPRINK</b>	<b>FIRE ALARM MANUFACTURER</b>			
<b>smoke</b>								
					<b>CENTRAL STATION</b>			
					<b>LOCAL CONC</b>			

**ADDITIONAL INTERESTS**

<b>RANK:</b>	<b>NAME AND ADDRESS:</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST ITEM NUMBER</b>
<b>INTEREST</b>				<b>LOCATION:</b> <b>BUILDING:</b>
<input type="checkbox"/> <b>LOSS PAYEE</b>				<b>SCHEDULED ITEM NUMBER:</b>
<input type="checkbox"/> <b>MORTGAGEE</b>				<b>OTHER:</b>
	<b>ITEM DESCRIPTION:</b>			

**REMARKS**

Premise 3

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806				RICHM-3		OP ID: C2	
		BUILDING #:		BLDG DESCRIPTION: Mansion/Rest/Incl. Retaining Wall							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT GOV	FORMS AND CONDITIONS TO APPLY		
BUILDING		5,089,119	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP		1,500,000	0						ALL BLDGS		
BLKT B/EE			0						ALS		
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DED		DAYS		\$ STUDENTS		<input checked="" type="checkbox"/> POWER	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		NO PERIOD		\$ OTHER ED SERVING		<input checked="" type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		DAYS		LIMIT				<input checked="" type="checkbox"/> COMM (DESCR BELOW)	
% COINS		\$		ORD OR LAW		MAX PERIOD				<input type="checkbox"/> DEPEND PROP	
				DAYS						<input type="checkbox"/> % COIN	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE		DAYS PERIOD REST	
								LIMIT LOSS PAY		% % % %	
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES	
FRAME		50 FT		3 MI		Asheville/		3		3	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		# BASMTS		YR BUILT	
<input checked="" type="checkbox"/> WIRING, YR: 85		<input checked="" type="checkbox"/> PLUMBING, YR: 85						1		1889	
<input checked="" type="checkbox"/> ROOFING, YR: 85		<input checked="" type="checkbox"/> HEATING, YR: 85		WIND CLASS		ROOF TYPE		TOTAL AREA		7,300	
OTHER:				RESISTIVE		SEM-RESISTIVE		OTHER OCCUPANCIES			
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE			
Other Resort properties				Other Resort properties				same			
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE			
Yes											
BURGLAR ALARM INSTALLED AND SERVICED BY											
Details to follow if requested											
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRINK				FIRE ALARM MANUFACTURER			
Smoke/life				100				Yes			
ADDITIONAL INTERESTS											
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST											
<input type="checkbox"/> LOSS PAYEE								LOCATION:			
<input type="checkbox"/> MORTGAGEE								BUILDING:			
								SCHEDULED ITEM NUMBER:			
								OTHER:			
REMARKS											
Premise 1											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)											
APPLIED 140SCHD (2002/09)											

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OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1  
BUILDING # 2  
STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806  
BLOG DESCRIPTION: Guest House

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	173,732	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/H		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION		BUSINESS INCOME/EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUTION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	% COIN	
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERVING	<input type="checkbox"/> WATER	CONT LOC	
<input type="checkbox"/> MARKG	180 DAYS	DAYS	LIMIT		<input type="checkbox"/> COM (DESCR BELOW)	REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC	
		DAYS				LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE DAYS PERIOD REST	
						LEAST LOSS PAY	
						% % % %	

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME	50 FT	3 MI	Asheville/	3	1		1991	1,048
BUILDING IMPROVEMENTS	BLOG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:							
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:							
<input type="checkbox"/> OTHER:	WIND CLASS			HEATING BOILER ON PREMISES?				
	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEM-RESISTIVE <input type="checkbox"/> OTHER			IF YES, IS INSURANCE PLACED ELSEWHERE?				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
other resort properties								
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION			
					WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CLOCK HOURLY			
yes				2	X 24 hr employ			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER			X CENTRAL STATION			
smoke/fire				LOCAL GONG				

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORTGAGEE				OTHER:	
	ITEM DESCRIPTION:				

**REMARKS**

Premise 1

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APPLIED 140SCHED (2002/09)

RICHM-3

OP ID: C2

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #1		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806				
		BUILDING #: 3		BLOG DESCRIPTION: Guest House				
SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		6,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DED		DAYS		\$ STUDENTS
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		MO PERIOD		\$ OTHER ED SERVING
<input type="checkbox"/> MINING		180 DAYS		DAYS		LIMIT		
% COINS		\$		ORD OR LAW		MAX PERIOD		
				DAYS				
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE DAYS PERIOD REST
								LIMIT LOSS PAY
								% % % %
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION								
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL
FRAME		FT		MI		Asheville/		3
								# STORIES
								1
								# BASMTS
								1991
								TOTAL AREA
								1,248
BUILDING IMPROVEMENTS		BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:						
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:						
<input type="checkbox"/> OTHER:								
		WIND CLASS						HEATING BOILER ON PREMISES?
		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER						YES NO
								IF YES, IS INSURANCE PLACED ELSEWHERE?
								YES NO
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE				
other resort properties								
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE
								CENTRAL STATION
								WITH KEYS
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK/HOURLY
yes						2		X 24 hr employ
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER				X CENTRAL STATION
Smoke/fire								LOCAL GONG

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION:
<input type="checkbox"/> LOSS PAYEE				BUILDING:
<input type="checkbox"/> MORTGAGEE				SCHEDULED ITEM NUMBER:
				OTHER:
ITEM DESCRIPTION:				

**REMARKS**

Premise 1

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

RICHM-3

OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1: STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806  
BUILDING #: 4 BLDG DESCRIPTION: Guest House

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION		Y BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<b>TYPE OF BUSINESS</b> <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS		<b>ORDINARY PAYROLL</b> <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 160 DAYS \$ _____		<b>POWER/HEAT</b> \$ _____ DED ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS		<b>EXT PERIOD</b> _____ DAYS NO PERIOD MAX PERIOD _____	
		<b>TUTION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERVING		<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LOR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE _____ DAYS PERIOD REST LIMIT LOSS PAY _____ % _____ % _____ %	

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>CONSTRUCTION TYPE</b> FRAME		<b>DISTANCE TO HYDRANT</b> 50 FT		<b>FIRE DISTRICT CODE NUMBER</b> 3 MI		<b>Asheville/</b>		<b>PROT CL</b> 3	<b># STORIES</b> 1	<b># BASMTS</b>	<b>YR BUILT</b> 1991	<b>TOTAL AREA</b> 1,248
<b>BUILDING IMPROVEMENTS</b> WIRING, YR: _____ PLUMBING, YR: _____ ROOFING, YR: _____ HEATING, YR: _____ OTHER: _____				<b>BLDG CODE GRADE</b> TAX CODE _____ ROOF TYPE _____		<b>OTHER OCCUPANCIES</b> HEATING BOILER ON PREMISES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IS INSURANCE PLACED ELSEWHERE? YES <input type="checkbox"/> NO <input type="checkbox"/>						
<b>RIGHT EXPOSURE &amp; DISTANCE</b> other resort properties				<b>LEFT EXPOSURE &amp; DISTANCE</b>				<b>REAR EXPOSURE &amp; DISTANCE</b>				
<b>BURGLAR ALARM TYPE</b>				<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	<b>CENTRAL STATION</b> WITH KEYS <input type="checkbox"/> CLOCK HOURLY <input checked="" type="checkbox"/> 24 hr employ CENTRAL STATION <input checked="" type="checkbox"/> LOCAL GONG <input type="checkbox"/>		
BURGLAR ALARM INSTALLED AND SERVICED BY								<b># GUARDS/WATCHMEN</b> 2				
yes PREMISES FIREPROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems) smoke/fire								<b>% SPRINK</b>		<b>FIRE ALARM MANUFACTURER</b>		

**ADDITIONAL INTERESTS**

<b>RANK:</b>	<b>NAME AND ADDRESS:</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<b>INTEREST</b>				<b>LOCATION:</b>
<input type="checkbox"/> LOSS				<b>BUILDING:</b>
<input type="checkbox"/> PAYEE				<b>SCHEDULED ITEM NUMBER:</b>
<input type="checkbox"/> MORTGAGEE				<b>OTHER:</b>
<b>ITEM DESCRIPTION:</b>				

**REMARKS**

Premise 1

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #1		STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806				RICHM-3		OP ID: C2	
		BUILDING #: 5		BLOG DESCRIPTION: Guest House							
SUBJECT OF INSURANCE		AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY		
BUILDING		210,912	90	R	SPECIAL		5,000		AGR AMT		
BLKT BPP 1/1			0								
BLKT B/EE			0						ALS		
ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE			
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES		OFF PREM POWER	
<input checked="" type="checkbox"/> NON MFG		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL		\$ DED		DAYS		\$ STUDENTS		<input type="checkbox"/> POWER	
<input type="checkbox"/> MFG		90 DAYS		ELEC MEDIA		MO PERIOD		\$ OTHER ED SERV/INC		<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING		180 DAYS		ORD OR LAW		LIMIT				<input type="checkbox"/> COMM (DESCR BELOW)	
% COINS		\$		DAYS		MAX PERIOD				<input type="checkbox"/> DEPEND PROP	
										% COIN	
										CONT LOC	
										REC LOC	
										MFG LOC	
										LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE _____ DAYS PERIOD REST			
								LIMIT LOSS PAY _____ % _____ % _____ %			
ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION											
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES		# BASMTS	
FRAME		50 FT 3 MI		Asheville/		3		1		1991	
BUILDING IMPROVEMENTS		BLOG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES		TOTAL AREA	
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:								1,248	
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:									
<input type="checkbox"/> OTHER:				WIND CLASS							
				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEM-RESISTIVE <input type="checkbox"/> OTHER							
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE							
other resort properties											
BURGLAR ALARM TYPE		CERTIFICATE #		EXPIRATION DATE		EXTENT		GRADE		CENTRAL STATION	
										WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY										CLOCK HOURLY	
yes										24 hr employ	
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)		% SPRINK		FIRE ALARM MANUFACTURER						CENTRAL STATION	
smoke/fire										LOCAL GONG	
<b>ADDITIONAL INTERESTS</b>											
RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST ITEM NUMBER			
<input type="checkbox"/> LOSS PAYEE								LOCATION:		BUILDING:	
<input type="checkbox"/> MORTGAGEE								SCHEDULED ITEM NUMBER:			
		ITEM DESCRIPTION:						OTHER:			
<b>REMARKS</b>											
Premise 1											
<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)</p>											
APPLIED 140SCHD (2002/09)											

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OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #:	1	STREET ADDRESS:	87 Richmond Hill Drive Asheville NC 28806
BUILDING #:	6	BLDG DESCRIPTION:	Guest House

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	210,912	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT BI/EE		0						ALS

ADDITIONAL INFORMATION		<input checked="" type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	% COIN	
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERVING	<input type="checkbox"/> WATER	CONT LOC	
<input type="checkbox"/> MARG	180 DAYS	DAYS	LIMIT		<input type="checkbox"/> COMB (DESCR BELOW)	REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC	
		DAYS				LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE DAYS PERIOD REST	
						LIMIT LOSS PAY	
						% % % %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME	50 FT	3 MI	Asheville	3	1		1991	1,248
BUILDING IMPROVEMENTS	WIRING, YR:	PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES		
	ROOFING, YR:	HEATING, YR:	WIND CLASS			HEATING BOILER ON PREMISES?		
	OTHER:		RESISTIVE	SEMI-RESISTIVE	OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE		
other resort properties								
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY					# GUARDS/WATCHMEN	CLOCK HOURLY		
yes					2	X 24 hr employ		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)					% SPRINK	FIRE ALARM MANUFACTURER		
smoke/fire						X CENTRAL STATION		
						LOCAL GONG		

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE				OTHER:
ITEM DESCRIPTION:				

**REMARKS**

Premise 1

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OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1	STREET ADDRESS: 87 Richmond Hill Drive Asheville NC 28806						
BUILDING # 7	BLDG DESCRIPTION: Carriage House/Offices						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV
BUILDING	747,400	90	R	SPECIAL		5,000	AGR AMT
BLKT BPP 1/1		0					
BLKT B/EE		0					ALS

ADDITIONAL INFORMATION		Y	BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUTION FEES	OFF PREM POWER	DEPEND PROP		
<input checked="" type="checkbox"/> NON MFG	<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ DED	DAYS	\$ STUDENTS	<input type="checkbox"/> POWER	<input type="checkbox"/> % COIN		
<input type="checkbox"/> MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/NC	<input type="checkbox"/> WATER	<input type="checkbox"/> CONT LOC		
<input type="checkbox"/> M/RNG	180 DAYS	DAYS	LIMIT		<input type="checkbox"/> COMM (DESCR BELOW)	<input type="checkbox"/> REC LOC		
% COINS	\$	ORD OR LAW	MAX PERIOD			<input type="checkbox"/> MFG LOC		
		DAYS				<input type="checkbox"/> LDR LOC (DESCR BELOW)		
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE DAYS PERIOD REST		
						LIMIT LOSS PAY		
						% % % %		

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
FRAME	50 FT 3 MI	Asheville/	3	2	1	1992	4,200
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	HEATING BOILER ON PREMISES?				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?				
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
other resort properties							
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION		
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDSWATCHMEN	WITH KEYS			
YES			2	<input checked="" type="checkbox"/> CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRINK	FIRE ALARM MANUFACTURER	<input checked="" type="checkbox"/> 24 hr employ				
smoke/firo			<input checked="" type="checkbox"/> CENTRAL STATION				
			<input type="checkbox"/> LOCAL SONG				

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
<input type="checkbox"/> LOSS				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> PAYEE				OTHER:
<input type="checkbox"/> MORTGAGE				
ITEM DESCRIPTION:				

**REMARKS**

Premise 1

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**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #1  
BUILDING # 8  
STREET ADDRESS:  
BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	CONIS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BURD COV	FORMS AND CONDITIONS TO APPLY
BUILDING	4,210,101	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT BI/EE		0						ALS

ADDITIONAL INFORMATION Y BUSINESS INCOME / EXTRA EXPENSE BUSINESS INCOME W/O EXTRA EXPENSE EXTRA EXPENSE

<b>TYPE OF BUSINESS</b> <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING  % COINS	<b>ORDINARY PAYROLL</b> <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$	<b>POWER/HEAT</b> \$ DED	EXT PERIOD DAYS	TUITION FEES \$	<input checked="" type="checkbox"/> OFF PREM POWER <input checked="" type="checkbox"/> POWER <input checked="" type="checkbox"/> WATER <input checked="" type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LOR LOC (DESCR BELOW)
		ELEC MEDIA DAYS	MO PERIOD LIMIT	STUDENTS \$	OTHER ED SERV/INC	
		ORD OR LAW DAYS	MAX PERIOD DAYS			

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  
 EXTRA EXPENSE DAYS PERIOD REST  
 LIMIT LOSS PAY  
 % % % %

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
MAS/FRAME	50 FT	3 MI	Asheville	3	2	1	1996	11,868

<b>BUILDING IMPROVEMENTS</b> WIRING, YR: ROOFING, YR: OTHER:	PLUMBING, YR: HEATING, YR:	BLDG CODE GRADE TAX CODE ROOF TYPE WIND CLASS RESISTIVE SEM-RESISTIVE OTHER	OTHER OCCUPANCIES HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?	YES NO YES NO
---	-------------------------------	--	--	------------------

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

other resort properties parking

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
--------------------	---------------	-----------------	--------	-------	------------------------------

BURGLAR ALARM INSTALLED AND SERVICED BY  
 Yes # GUARDSWATCHMEN 2  
 CLOCK HOURLY  
 24 hr employ

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)  
 smoke/fire % SPRINK FIRE ALARM MANUFACTURER  
 X CENTRAL STATION  
 X LOCAL GONG

**ADDITIONAL INTERESTS**

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
LOSS PAYEE MORT- GAGEE				SCHEDULED ITEM NUMBER:
	ITEM DESCRIPTION:			OTHER:

**REMARKS**

Premise 1

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RICHM-3

OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #2 STREET ADDRESS: 88 Richmond Hill Drive Asheville NC 28806  
BUILDING #: 1 BLDG DESCRIPTION: One Family Dwelling

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	338,000	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

ADDITIONAL INFORMATION		Y		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS		ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUTION FEES	
<input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % CONS		<input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		\$ DED ELEC & MEDIA DAYS ORD OR LAW DAYS		DAYS MO PERIOD LIMIT MAX PERIOD		\$ STUDENTS \$ OTHER EO SERVANC	
								OFF PREM POWER POWER WATER COMM (DESCR BELOW)	
								DEPEND PROP % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP								EXTRA EXPENSE LIMIT LOSS PAY DAYS PERIOD REST	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL		# STORIES		# BASMTS		YR BUILT		TOTAL AREA	
FRAME		100 FT		3 MI		Asheville		3		1		1		1988		2,000	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES							
WIRING, YR: ROOFING, YR: OTHER:				PLUMBING, YR: HEATING, YR:		WIND CLASS		RESISTIVE SEMI-RESISTIVE OTHER		HEATING BOILER ON PREMISES? IF YES, IS INSURANCE PLACED ELSEWHERE?							
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE									
dwelling				dwelling													
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE				EXTENT		GRADE		CENTRAL STATION	
BURGLAR ALARM INSTALLED AND SERVICED BY												0		WITH KEYS			
														CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)								% SPRINK		FIRE ALARM MANUFACTURER							
smoke																	
														CENTRAL STATION			
														LOCAL GOV			

**ADDITIONAL INTERESTS**

RANK:		NAME AND ADDRESS:		REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER	
INTEREST								LOCATION: BUILDING:	
LOSS PAYEE MORTGAGEE								SCHEDULED ITEM NUMBER:	
								OTHER:	
ITEM DESCRIPTION:									

**REMARKS**

Premise 2

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLIED 140SCHD (2002/09)

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OP ID: C2

**ADDITIONAL  
PREMISES INFORMATION**

PREMISES #3

STREET ADDRESS: 86 Richmond Hill Drive Asheville NC 28806

BUILDING #: 1

BLDG DESCRIPTION: One Family Dwelling

SUBJECT OF INSURANCE	AMOUNT	CONS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
BUILDING	338,000	90	R	SPECIAL		5,000		AGR AMT
BLKT BPP 1/1		0						
BLKT B/EE		0						ALS

**ADDITIONAL INFORMATION**

Y

BUSINESS INCOME / EXTRA EXPENSE

BUSINESS INCOME W/O EXTRA EXPENSE

EXTRA EXPENSE

<b>TYPE OF BUSINESS</b> <input checked="" type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING % COMS		<b>ORDINARY PAYROLL</b> <input checked="" type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 180 DAYS \$		<b>POWER/HEAT</b> \$ DED ELEC MEDIA DAYS ORD OR LAW DAYS		<b>EXT PERIOD</b> DAYS MO PERIOD LIMIT MAX PERIOD		<b>TUITION FEES</b> \$ STUDENTS \$ OTHER ED SERVING		<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)		<b>DEPEND PROP</b> % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP										EXTRA EXPENSE LIMIT LOSS PAY		DAYS PERIOD REST	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

<b>CONSTRUCTION TYPE</b> FRAME		<b>DISTANCE TO HYDRANT</b> 100 FT		<b>FIRE STATE</b> 3 MI		<b>FIRE DISTRICT/CODE NUMBER</b> Asheville/		<b>PROT CL</b> 3		<b># STORIES</b> 1		<b># BASMTS</b> 1		<b>YR BUILT</b> 1988		<b>TOTAL AREA</b> 2,000	
<b>BUILDING IMPROVEMENTS</b> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER:				<b>BLOG CODE GRADE</b>		<b>TAX CODE</b>		<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>							
<b>RIGHT EXPOSURE &amp; DISTANCE</b> dwelling				<b>LEFT EXPOSURE &amp; DISTANCE</b> dwelling				<b>REAR EXPOSURE &amp; DISTANCE</b>									
<b>BURGLAR ALARM TYPE</b>				<b>CERTIFICATE #</b>				<b>EXPIRATION DATE</b>				<b>EXTENT</b>		<b>GRADE</b>		<b>CENTRAL STATION</b> WITH KEYS	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>										<b># GUARDS/WATCHMEN</b> 0				<b>CLOCK HOURLY</b>		<b>CENTRAL STATION</b> LOCAL COIN	
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b> Smoke										<b>% SPRINK</b>		<b>FIRE ALARM MANUFACTURER</b>					

**ADDITIONAL INTERESTS**

<b>RANK:</b>		<b>NAME AND ADDRESS:</b>		<b>REFERENCE #:</b>		<b>CERTIFICATE REQUIRED</b>		<b>INTEREST IN ITEM NUMBER</b>			
<b>INTEREST</b> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<b>ITEM DESCRIPTION:</b>						<b>LOCATION:</b>		<b>BUILDING:</b>	
								<b>SCHEDULED ITEM NUMBER:</b>			
								<b>OTHER:</b>			

**REMARKS**

Premise 3

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APPLIED 140SCHED (2002/09)



# STATEMENT OF VALUES

OP ID: C2

<b>AGENCY</b> PHONE (A/C No. Ext): 828-669-7912 FAX (A/C No.): 828-669-2315 <b>White Insurance Agency, Inc.</b> P.O. Box 1310 Black Mountain, NC 28711 Cheryl K. Reavis	<b>COMPANY</b> NAIC CODE: <b>Company For Rating Purposes</b> <b>INSURED/APPLICANT</b> Richmond Hill Inn/The Hammocks <b>POLICY NUMBER</b> APP <b>HEADQUARTERS ADDRESS</b> 87 Richmond Hill Drive Asheville, NC 28806-3912	<b>DATE (MM/DD/YYYY)</b> 9/11/2008 <b>PAGE</b> 1 OF 3 <b>EFFECTIVE DATE</b> 10/19/08
<b>CODE:</b> AGENCY CUSTOMER ID RICHM-3	<b>COINS %</b> 80% <input type="checkbox"/> BASIC 90% <input type="checkbox"/> BROAD 100% <input checked="" type="checkbox"/> SPECIAL	<b>APPLICABLE CAUSES OF LOSS</b> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL <input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED <input checked="" type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)  
EQ Optional quote

CLASS CODE	LOC	BLDG	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	DESC: Mansion/Restaurant/Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	5089119		
	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Inn Asheville, NC 28806	RC	BPP	1500000		
ALS	1	1	DESC: Mansion/Rest./Rooms ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	2	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	173732		
	1	2	DESC: BPP Incl. in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	2	DESC: BI - Incl. in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	3	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	3	DESC: BPP incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
	1	3	DESC: BI Incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BI			
	1	4	DESC: Guest House ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	B	210912		
	1	4	DESC: BPP incl in 1/1 ADDRESS: 87 Richmond Hill Dr. Asheville, NC 28806	RC	BPP			
<b>TOTAL:</b>						\$ 13240000	NA	\$

## INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:  
B = Building S = Stock F = Furniture & Fixtures M = Machinery  
BPP = Your Business Personal Property PPO = Personal Property of Others  
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

## SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S  
SIGNATURE:

TITLE:

DATE:

DATE (MM/DD/YYYY)  
9/11/2008

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[illegible]